2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025301 1. Entity Name INTERNET LATIN AMERICA, INC.				FILED Jun 03, 2000 8:00 am Secretary of State 04-24-2000 90017 033 ***150.00		
Principal Plac	e of Business	Mailing Address		012120	00 2001 / 025 13	0.00
2554 JARDIN L WESTON FL 33 US	327	2554 JARDIN LN WESTON FL 33327-1511 US		T 1000 (\$4) 150 1500 (400 400 5)	! Han denn bened inger blike film døn	11 JON 1681
2. Principal Place of Business 1949 PISCES VENNACE Suite, Apt. #, etc. 3. Mailing Address 1949 PISCES Suite, Apt. #, etc.			<i>FERRACE</i>	1 1981/941 114 1441 1541 1541 1541		
Suite, Apt.	#, etc.	Sure, Apr. #, etc.		. DO NOT WE	RITE IN THIS SPACE	
City & Stat Wモンで		WESTON FO		4. FEI Number 65-07480	15	Applicable
Zip 333	Country US	Zip 33327	Country .	5. Certificate of Status Desired	\$8.75 Addit	tional
	6. Name and Address of Current Re	gistered Agent	Name 5	7. Name and Address of New	Registered Agent	
EORAMA ALDEDTO				PANA, ALBERTO (P.O. Box Number is Not Acceptal	ole)	
	INDIAN TRACE					<u> </u>
SUITE 213 WESTON FL 33326			<u> </u>	PISCES FERRACE	FL Zip Code	33327
·					_ 	3532 1
SIGNATURE	named entity submits this statement foot	Ace	SENTO ESPAN	4.	4/16/00	}
	Signature, typed or printed name of repetered agent and		Registered Agent signature require	ed when reinstating)	1	——
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 200	! FEE IS \$150.00 0 Fee will be \$550.00 e to Department of St	,	tion. Added	May Be to Fees
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS Change	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SAMRA, LUIS 7225 SW 54TH CT MIAMI FL 33143	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ĺ		
TITLE	CEO ANA ALBERTO	☐ Delete	TITLE NAME	1	☐ Change	☐ Addition
STREET ADDRESS	1949 PISLES TEMALE WESTON PL 3332	· · · · · ·	"STREET ADDRESS" " " " CITY-ST-ZIP	المستجمود المتعالم ا ا		
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CITY-ST-ZIP TITLE		☐ Delete	TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(1) 大水(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
13. Thereby indicated of the col	Certify that the information supplied with the control on this report or supplemental report is true poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and th at my ered to execute this report a	verdinatilica spiali nava irie	or same legal errort as it made under Or, Florida Statutes; and that my na	ime appears in Block 11 or	31 41160101
SIGNAT	URF ALBERTO E	ZARCOUIR		4/16/0	954) 38453	99
SIGNA	SIGNATURE AND TYPED OR PRIN	FED NAME OF SIGNING OFFICER O	R DIRECTOR	Cate	Daytime Phone #	